

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90181 050 ****61.25

DOCUMENT # N98000005098

1. Entity Name
**THE ARBORS AT PELICAN POINTE HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business
**899 WOODBRIDGE DR
VENICE, FL 34293**

Mailing Address
**899 WOODBRIDGE DR
VENICE, FL 34293**

40054413



2. Principal Place of Business

PROGRESSIVE Community Mgmt
Suite, Apt. #, etc.

1801 GLENGARY STREET

City & State

SARASOTA, FL

Zip

34231

Country

USA

3. Mailing Address

PROGRESSIVE Community Mgmt
Suite, Apt. #, etc.

1801 GLENGARY STREET

City & State

SARASOTA, FL

Zip

34231

Country

USA

02212006

Chg-NP

CR2E037 (11/05)

4. FEI Number

59-3551910

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MCLAIN, WILLIAM
899 WOODBRIDGE DRIVE
VENICE, FL 34293**

7. Name and Address of New Registered Agent

Name

PROGRESSIVE COMMUNITY MANAGEMENT, Inc

Street Address (P.O. Box Number is Not Acceptable)

1801 GLENGARY STREET

City

SARASOTA

FL

Zip Code

34231

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Jim Markel
Signature, typed or printed name of registered agent and title if applicable.

JIM MARKEL

4/17/06

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **BRADLEY, ROBERT**
STREET ADDRESS **899 WOODBRIDGE DR.**
CITY-ST-ZIP **VENICE, FL 34293**

TITLE **VPD** ☒ Delete
NAME **HIGBY, PAUL**
STREET ADDRESS **899 WOODBRIDGE DR.**
CITY-ST-ZIP **VENICE, FL 34293**

TITLE **VD** ☒ Delete
NAME **SMITH, FRANK**
STREET ADDRESS **899 WOODBRIDGE DR.**
CITY-ST-ZIP **VENICE, FL 34293**

TITLE **D** ☒ Delete
NAME **HISBY, PAUL**
STREET ADDRESS **899 WOODBRIDGE DR.**
CITY-ST-ZIP **VENICE, FL 34293**

TITLE **TD** ☐ Delete
NAME **RENO, TOM**
STREET ADDRESS **899 WOODBRIDGE DR**
CITY-ST-ZIP **VENICE, FL 34293**

TITLE **SD** ☐ Delete
NAME **BAINBRIDGE, ROBERT**
STREET ADDRESS **899 WOODBRIDGE DR**
CITY-ST-ZIP **VENICE, FL 34293**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Change ☒ Addition
NAME **NICKELSON, DICK**
STREET ADDRESS **1619 SAN SILVESTRO DRIVE**
CITY-ST-ZIP **VENICE, FL 34285**

TITLE **SD** ☐ Change ☒ Addition
NAME **RENZ, JAMES**
STREET ADDRESS **1520 SAN YSIDRO WAY**
CITY-ST-ZIP **VENICE, FL 34285**

TITLE **AT** ☐ Change ☒ Addition
NAME **SUTTON, WILLIAM**
STREET ADDRESS **1801 GLENGARY STREET**
CITY-ST-ZIP **SARASOTA, FL 34231**

TITLE **AS** ☐ Change ☒ Addition
NAME **MARKEL, JIM**
STREET ADDRESS **1801 GLENGARY STREET**
CITY-ST-ZIP **SARASOTA, FL 34231**

TITLE **PD** ☒ Change ☐ Addition
NAME **MARKEL, JIM**
STREET ADDRESS **1630 SAN SILVESTRO DRIVE**
CITY-ST-ZIP **VENICE, FL 34285**

TITLE **VPD** ☒ Change ☐ Addition
NAME **MARKEL, JIM**
STREET ADDRESS **1649 SAN SILVESTRO DRIVE**
CITY-ST-ZIP **VENICE, FL 34285**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JIM MARKEL

4/17/06

941-921-0611

Day

Daytime Phone #